

031004
2047 U.S.PTOSUBSTITUTE for PTO/SB/05 (08-03) Utility Patent Application Transmittal
Approved for use through 07/31/2006. OMB 0651-0032
U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCEUSPTO
10/797257
10/31004UTILITY
PATENT APPLICATION
TRANSMITTAL

(Only for new nonprovisional applications under 37 CFR 1.53(b))

Attorney Docket No.		MC080Y
First Inventor or Application Identifier		Billot et al.
Title	EP4 RECEPTOR AGONIST, COMPOSITIONS AND METHODS THEREOF	
Express Mail Label No.		EL 989589452 US

APPLICATION ELEMENTS

See MPEP chapter 600 concerning utility patent application contents.

1. <input checked="" type="checkbox"/> Fee Transmittal Form (Submit an original, and a duplicate for fee processing)	6. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)
2. <input checked="" type="checkbox"/> Specification [Total Pages 65]	a. <input type="checkbox"/> Computer Readable Form (CRF)
3. <input type="checkbox"/> Drawing(s) (35 USC 113) [Total Sheets]	b. <input type="checkbox"/> Specification Sequence Listing on: i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or ii. <input type="checkbox"/> paper
4. Oath or Declaration	c. <input type="checkbox"/> Statements verifying identity of above copies
a. <input checked="" type="checkbox"/> Newly executed (original or copy)	7. <input type="checkbox"/> Assignment papers (cover sheet & document(s))
b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63(d)) (for continuation/divisional with Box 14 completed)	8. <input type="checkbox"/> 37 CFR 3.73(b) Statement (when there is an assignee) <input type="checkbox"/> Power of Attorney
i. <input type="checkbox"/> <u>DELETION OF INVENTOR(S)</u> Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33 (b).	9. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations
5. <input type="checkbox"/> Application Data Sheet. See 37 CFR 1.76	10. <input type="checkbox"/> Preliminary Amendment
	11. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized)
	12. <input type="checkbox"/> Certified Copy of Priority Document(s) (if foreign priority is claimed)
	13. <input type="checkbox"/> Other: _____

14. If a CONTINUING APPLICATION, check appropriate box and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:

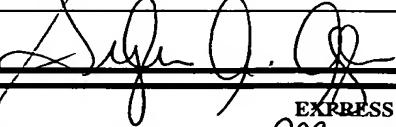
 Continuation Divisional Continuation-in-part (CIP) of prior application No. _____ / _____

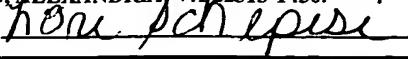
Prior application information: Examiner _____ Group/Art Unit: _____

For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 4b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference.

15. CORRESPONDENCE ADDRESS

<input checked="" type="checkbox"/> Customer Number	Customer No. 000210				
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Name	Sylvia A. Ayler	Registration No. (Attorney/Agent)	36,436
Signature			Date 3/10/2004

DATE OF DEPOSIT	March 10, 2004
EXPRESS MAIL NO.	EL 989589452US
I HEREBY CERTIFY THAT THIS CORRESPONDENCE IS BEING DEPOSITED WITH THE UNITED STATES POSTAL SERVICE AS EXPRESS MAIL "POST OFFICE TO ADDRESSEE" ON THE ABOVE DATE IN AN ENVELOPE ADDRESSED TO COMMISSIONER FOR PATENTS, P.O. BOX 1450, ALEXANDRIA, VA 22313-1450.	
MAILED BY  DATE 3/10/04	

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Deposit Acct. 13-2755
MERCK & CO., INC.
Our Case Docket No. MC080Y

Sir:

Transmitted herewith for filing under 37 C.F.R. §1.53(b) is the patent application of Inventor(s):
Xavier Billot, John Colucci, Yongxin Han, Marie-Claire Wilson and Robert N. Young

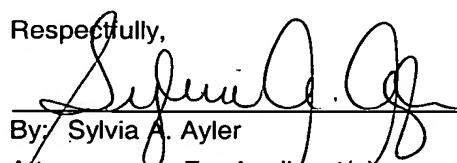
For: EP4 RECEPTOR AGONIST, COMPOSITIONS AND METHODS THEREOF

For	Number Filed	Number Extra	Rate	Basic Fee \$770
Total Claims	17 - 20 =	0 X	\$18	= \$0
Independent Claims	2 - 3 =	0 X	\$86	= \$0
Multiple Dependent Claims*			\$290	=
* Add this fee if application contains any multiple dependent claims, regardless of number.			TOTAL FILING FEE →	\$770

Please charge my Deposit Account No. 13-2755 in the amount of \$ 770. The Commissioner is hereby authorized to charge any additional fees which may be required, or credit any overpayment to Account No. 13-2755. Duplicate copy of this sheet is enclosed.

Under the provisions of 37 C.F.R. §1.53, this application is being filed without the declaration of each inventor.

Respectfully,



By: Sylvia A. Ayler
Attorney For Applicant(s)

Reg. No. 36,436

MERCK & CO., INC.
Patent Dept., RY60-30
P.O. Box 2000
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(732) 594-4909

Date: March 10, 2004

EXPRESS MAIL CERTIFICATE	
DATE OF DEPOSIT	<u>March 10, 2004</u>
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MAILED BY <u>Lore Schepis</u>	DATE <u>3/10/04</u>

IN DUPLICATE